210 PARK AVENUE

LUCK 54853 Phone: (715) 472-2164	Į.	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	78	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	88	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	74	Average Daily Census:	74

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	24. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	<b>62.</b> 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.7	More Than 4 Years	13. 5
Day Services	No	Mental Illness (Org./Psy)	51.4	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	25.7	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	17. 6	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 5	65 & 0ver	97. 3		
Transportation	No	Cerebrovascul ar	13. 5	<sup>`</sup>		RNs	8. 6
Referral Service	No	Di abetes	4. 1	Sex	% j	LPNs	8. 4
Other Services	No	Respi ratory	6.8		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	10. 8	Male	<b>27.</b> 0	Ai des, & Orderlies	43. 1
Mentally Ill	No	İ	i	Femal e	73.0		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No	İ	i	İ	100.0		
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	3	7. 3	117	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	4. 1
Skilled Care	0	0.0	0	32	<b>78.</b> 0	99	0	0.0	0	23	69. 7	114	0	0.0	0	0	0.0	0	55	74. 3
Intermediate				6	14.6	81	0	0.0	0	10	30. 3	107	0	0.0	0	0	0.0	0	16	21.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		41	100.0		0	0.0		33	100.0		0	0.0		0	0.0		<b>74</b>	100. 0

County: Polk UNITED PIONEER HOME

*****	****	*****	*****	*****	*****	******	****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	s, Services, and	d Activities as of 12	/31/01
Deaths During Reporting Period							
				% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	29. 6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	22. 2	Bathi ng	<b>0</b> . 0	5	5.4	44. 6	74
Other Nursing Homes	3. 7	Dressing	18. 9	3	33. 8	47. 3	74
Acute Care Hospitals	37. 0	Transferring	45. 9	2	25. 7	28. 4	74
Psych. HospMR/DD Facilities	0.0	Toilet Use	36. 5	2	20. 3	43. 2	74
Reȟabilitation Hospitals	0.0	Eating	58. 1	2	28. 4	13. 5	74
Other Locations	7.4	**************	******	********	******	*******	******
Total Number of Admissions	27	Conti nence		% Sp	ecial Treatment	cs .	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4. 1	Receiving Respi	ratory Care	5. 4
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		<b>54</b> . 1	Receiving Track	neostomy Care	0.0
Private Home/With Home Health	13. 3	Occ/Freq. Incontinent	of Bowel	40. 5	Receiving Sucti	oni ng	0. 0
Other Nursing Homes	10. 0	i •			Receiving Oston	ny Care	2. 7
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tube	Feedi ng	1. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d			anically Altered Diets	s 27.0
Reĥabilitation Hospitals	0.0	<u>'</u>			U	3	
Other Locations	0.0	Skin Care		0t	her Resident Ch	haracteri sti cs	
Deaths	76. 7	With Pressure Sores		1. 4	Have Advance Di	rectives	91. 9
Total Number of Discharges		With Rashes			edi cati ons		
(Including Deaths)	30				Receiving Psych	noactive Drugs	50. 0
` ' '		1			8 - 3		

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownershi p:				Si ze:		ensure:		_	
	Thi s	Non	profit	50	- 99	Ski	lled	Al I	l	
	Facility	Peer	Group	Peer Group		Peer	Group	Facilities		
	%	% Ratio		%	% Ratio		% Ratio		Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	83. 6	88. 9	0. 94	85. 1	0. 98	84. 4	0. 99	84. 6	0. 99	
Current Residents from In-County	93. 2	78. 4	1. 19	72. 2	1. 29	75. 4	1. 24	77. 0	1. 21	
Admissions from In-County, Still Residing	59. 3	25. 3	2. 34	20. 8	2. 85	22. 1	2. 68	20. 8	2. 85	
Admissions/Average Daily Census	36. 5	108. 1	0. 34	111. 7	0. 33	118. 1	0. 31	128. 9	0. 28	
Discharges/Average Daily Census	40. 5	107. 3	0. 38	112. 2	0. 36	118. 3	0. 34	130. 0	0. 31	
Discharges To Private Residence/Average Daily Census	5. 4	37. 6	0. 14	42. 8	0. 13	46. 1	0. 12	<b>52.</b> 8	0. 10	
Residents Receiving Skilled Care	<b>78.</b> 4	90. 9	0. 86	91. 3	0. 86	91. 6	0. 86	<b>85</b> . 3	0. 92	
Residents Aged 65 and Older	97. 3	96. 2	1. 01	93. 6	1. 04	94. 2	1.03	87. 5	1. 11	
Title 19 (Medicaid) Funded Residents	<b>55.</b> 4	67. 9	0.82	67. 0	0. 83	69. 7	0.80	68. 7	0. 81	
Private Pay Funded Residents	44. 6	26. 2	1. 70	23. 5	1. 90	21. 2	2. 11	22. 0	2. 03	
Developmentally Disabled Residents	0. 0	0. 5	0. 00	0. 9	0. 00	0. 8	0. 00	7. 6	0. 00	
Mentally Ill Residents	51. 4	39. 0	1. 32	41. 0	1. 25	39. 5	1. 30	33. 8	1. 52	
General Medical Service Residents	10. 8	16. 5	0. 65	16. 1	0. 67	16. 2	0. 67	19. 4	0. 56	
Impaired ADL (Mean)	52. 4	49. 9	1. 05	48. 7	1. 08	48. 5	1. 08	49. 3	1. 06	
Psychol ogi cal Probl ems	<b>50</b> . <b>0</b>	48. 3	1. 03	50. 2	1.00	50. 0	1. 00	51. 9	0. 96	
Nursing Care Required (Mean)	5. 2	7. 0	0. 74	7. 3	0. 72	7. 0	0. 74	7. 3	0. 71	